

Page 12

NV Line 23, change "profile" to ~~---profiles---~~.

Line 24, change "is" to ~~---are---~~.

Line 24, change "norm" to ~~---norms---~~.

Page 13

Line 5, change "Twenty" to ~~---Multiple---~~.

Line 11, delete "Family Table,".

Line 14, after "Category Parameter Table," insert ~~---and---~~.

Lines 14-15, delete "and Family Table".

Line 24, change "describe" to ~~---described---~~.

Page 16

Line 2, change "HCPCs" to ~~---HCPCS---~~.

Lines 19-22, delete in their entirety.

Page 18

Lines 12-16, delete in their entirety.

Page 19

Line 2, change "groups" to ~~---identifies---~~.

Lines 2-3, change "into inclusive or exclusive diagnosis codes. This grouping is unique to each index code" to ~~---relevant to each specific index code---~~.

Line 5, delete "classified into categories and".

Line 9, delete "summary".

Line 10, change "ICD-9" to ~~---Index Code---~~.

Line 12, column 1, change "ICD-9" to ~~---Beg-ICD---~~.

Line 13, column 1, change "ICD-9" to ~~---End-ICD---~~.

Page 20

B1 Line 4, change "(EOC). Which is keyed off the Index Code" to ~~---~~(EOC) and is keyed off the Index Code field~~---~~.

Lines 6-8, delete "Any one of these ICD codes may or may not appear during the search for the Index code and still have the EOC be valid."

Lines 12-19, delete in their entirety.

Line 22, after "codes" insert ~~---beginning---~~.

Page 21

Line 1, change "file layout" to ~~table~~.

Page 22

Lines 10-11, delete in their entirety.

Page 23

Line 3, change "filter" to ~~step~~.

Line 7, change "ICD-9" to ~~Index Code~~.

Page 24

Lines 3-4, delete in their entirety.

Lines 15-16, delete in their entirety.

Page 25

Line 3, after "inclusion" insert ~~in an EOC~~.

Line 4, after "exclusion" insert ~~of a patient history,~~.

Line 18, after "patient" insert ~~history~~.

Page 26

Lines 8-10, delete in their entirety.

Page 27

Line 2, change "number of days" to ~~time period~~.

Line 8, in the table, above "Staging Indicator" insert ~~Index Code~~ ~~above~~ "Character"
[insert] Alpha/Numeric ~~above "2" insert~~ 5 ~~above "P = Preventive" insert~~ Left
justified assumed decimal after 3rd position.

Line 9, change "Number of days" to ~~Time period~~.

Line 10, change "Number of days" to ~~Time period~~.

Line 15, after "staging" insert ~~indicator~~.

Lines 18-19, delete in their entirety.

Page 28

Lines 4-6, delete "The end user may populate an identical table with their own unique profiles created by analyzing their claims history data."

Line 7, change "ICD-9" to ~~Index~~.

Page 29

Line 7, change "CPT's" to ~~CPTs~~

Line 7, delete "statistically and".

Line 8, after "billed and" insert ~~—statistically—~~.

Lines 8–9, change "based on an index ICD code" to ~~—for a specific Index Code—~~.

Lines 10–14, delete in their entirety.

Page 30

Line 2, before "categories" insert ~~—procedural—~~.

Lines 4–6, delete "The end user may populate an identical table with their own unique profiles created by analyzing their claims history data."

Line 7, change "ICD–9" to ~~—Index—~~.

Page 31

Line 6, change "which Categories are statistically and" to ~~—which procedural categories are—~~.

Line 7, after "billed and" insert ~~—statistically—~~.

Lines 7–8, change "based on an index ICD code" to ~~—for a specific Index Code—~~.

Lines 9–12, delete in their entirety.

Page 32

Lines 2–3, change "length of time associated with an episode of care" to ~~—EOC duration distribution—~~.

Lines 3–5, delete "NOTE: The end user may populate an identical table with their own unique profiles created by analyzing their claims history data."

Line 6, change "ICD–9" to ~~—Index Code—~~.

Page 33

Line 1, change "stores the projected length of an episode" to ~~—gives access to statistical information about EOC durations—~~.

Lines 6–7, delete in their entirety.

Line 13, first column, change "CPT" to ~~—Beg–CPT—~~.

Line 14, first column, change "CPT" to ~~—End–CPT—~~.

Lines 22–23, delete in their entirety.

Page 34

Lines 1–17, delete in their entirety.

Lines 22–24, delete "– A₁, A₂, P₁, E₁, E₂, L₁, L₂, R_{D1}, R_{D2}, M_{D1}, M_{D2}, S_{D1}, S_{D2}. (All of these categories are included as part of the other seven profile classes."

Page 35

Line 1, delete "~~— All Categories~~".

Line 2, delete "~~— M_{T1}, M_{T2}, R_{T1}, R_{T2}, O₁, O₂~~".

Line 3, delete "~~— S_{T1}, S_{T2}, R_{T1}, R_{T2}, O₁, O₂~~".

Line 4, delete "~~— S_{T1}, S_{T2}, M_{T1}, M_{T2}~~".

Line 5, delete "~~— R_{T1}, R_{T2}, O₁, O₂~~".

Line 6, delete "~~— M_{T1}, M_{T2}~~".

Line 7, delete "~~— S_{T1}, S_{T2}~~".

Lines 13–14, delete in their entirety.

Page 36

Line 2, change "filter" to ~~— step —~~.

Line 14, change "Use:" to ~~— USE: —~~.

B4 [Lines 15–16, change "Preliminary select for where in EOC process qualifying circumstances should apply" to — Preliminary step in the EOC qualifying process —.

Page 37

Lines 2–25, delete in their entirety.

Page 38

Lines 1–24, delete in their entirety.

Page 39

Line 3, before "Table" insert ~~— This —~~.

Page 40

B5 [Lines 3–5, change "To act as a preliminary qualifying mechanism for determining if claims information can be used in the assignment of a parameter" to — This table groups all rules qualifying EOCs —.

Line 18, change "number required" to ~~— Number Required —~~.

Line 19, after "occurrences" insert ~~— required —~~.

Lines 20–25, delete in their entirety.

Page 41

Lines 1–25, delete in their entirety.

Page 42

Lines 1–23, delete in their entirety.

Page 43

Lines 1-7, delete in their entirety.

Line 9, delete "common".

Line 10, change "given" to ~~—specific—~~.

Page 44

Line 9, change "a parameter" to ~~—an EOC—~~.

Lines 16-17, delete in their entirety.

Page 45

Lines 1-20, delete in their entirety.

Page 46

Line 2, delete "common".

Line 3, change "given" to ~~—specific—~~.

Line 15, change "a parameter" to ~~—an EOC—~~.

Lines 20-21, delete in their entirety.

Page 47

Lines 1-16, delete in their entirety.

Page 48

Lines 4-5, delete "This is standard HCFA information."

Line 7, first column, change "CPT" to ~~—Beg-CPT—~~.

Line 8, first column, change "CPT" to ~~—End-CPT—~~.

Lines 17-20, delete in their entirety.

Page 49

Line 6, first column, change "Zip Code" to ~~—Beg-Zip Code—~~.

Line 7, first column, change "Zip Code" to ~~—End-Zip Code—~~.

Lines 14-15, delete in their entirety.

Lines 18-19, delete "This is standard HCFA information."

Line 20, change "ICD-9" to ~~—Index—~~.

Page 50

Line 2, column 1, before "CPT" insert ~~—Beg—~~.

Line 3, column 1, before "CPT" insert ~~—End—~~.

Lines 17-18, change "If multiple multipliers are used, compute the average of them and

B6 [use that." to] ~~—Multiple multipliers may be applicable to each parameter.—~~

Lines 19-22, delete in their entirety.

Page 51

Line 6, column 1, change "ICD-9" to --Index--.

Page 52

Lines 1-2, change "If multipliers are used, compute the average of them and use that." to

--Multiple multipliers may be applicable to each parameter.--

Lines 3-6, delete in their entirety.

Line 10, change "CPT code" to --CPT codes--.

Line 13, column 1, change "ICD-9" to --Index--.

Page 53

Lines 5-6, change "If multiple multipliers are used, compute the average of them and use that." to --Multiple multipliers may be applicable to each parameter--.

Lines 8-23, delete in their entirety.

Page 54

Lines 1-3, delete in their entirety

Page 56

Between lines 19 and 20, insert --DATA PROCESSING METHODOLOGY--.

Page 57

Line 8, change "profiles" to --profile--.

Lines 9-10, change "print out" to --printout--.

Line 13, change "This includes" to --Some examples include--.

Page 58

Line 14, after "billings" insert --are--.

Line 16, change "years" to --years--.

Lines 16-17, delete "and about fifty million claims".

Line 27, change "ID'S" to --IDs--.

Line 27, change "is" to --are--.

Page 59

Lines 3-4, delete "The preferred embodiment of this invention."

Line 6, change "CARE TRENDS" to --CareTrends--.

Line 10, change "is" to --are--.

Line 10, change "cross walked" to --crosswalked--.

Lines 11-12, change "with result" to ~~---with the results---~~.

NW Line 19, change "by CES" to ~~---by Medicode's Claims Edit System (CES)---~~.

Line 21, change "checked" to ~~---validated---~~.

Line 22, change "(ICD 9)," to ~~---(ICD-9);---~~

Line 26, delete ~~"of"~~.

Line 26, after "for" insert ~~---the---~~.

Line 27, change "804," to ~~---804 and---~~.

Page 60

Lines 1-3, delete ", (i.e. not adding denials, adding rebundles and adding other lines that have not been specifically excluded)".

Lines 4-12, delete in their entirety.

Page 61

Lines 11-12, change "Type of Service or Benefits to Specialty type" to ~~---type of service, specialty type---~~.

Line 15, change ", the Description table" to ~~---Description tables---~~.

Lines 16-18, delete "HCPCS means Health Care Financing Administration Common Procedure Coding System provided by the U.S. Government;".

Line 26, delete "This function is also performed only on CPT codes 10000-99999."

Page 62

Between lines 16-17, insert the following paragraph:

—Figure 9 depicts episode of care formation in the preferred embodiment. This processing includes processing the records in the extended data set that relate to the current index code. This relation is determined by the index tables. Then the records are broken into potential episodes of care based on a period of time specified in a window table. Then the episode of care is qualified based on the rules in a qualifying table. Qualifying episodes of care are inserted into the episode of care table.—

Line 27, delete ~~"window"~~.

Page 63

Line 20, change "profile" to ~~---EOC---~~.

Page 64

Line 7, change "irrelevant" to ~~---relevant---~~.

Page 65

Line 2, change "profiles" to ~~EOCs~~.

Line 7, change "four inter-relational" to ~~inter relational~~.

Between lines 13 and 14, insert the following paragraph:

B10
—First, 1205, a temporary file is created based on combining the authorized and/or disallowed ICD codes that are associated with a given index code in the Index Global Table (listing preventative and aftercare codes) and the Index Detail tables. The temporary file is created using the Index Table, which determines whether or not the Index Detail Table only should be accessed or whether the Index Global Table is also necessary for drafting the temporary file.—

Line 14, change "First, 1201" to ~~Second, 1202~~.

Line 15, change "general" to ~~principal~~.

Line 16, delete "with" and insert ~~within a patient history having an~~

N/E
Line 17, following the code insert —. It is contemplated that the number of occurrences of a particular index code can be defined by the user. In the present embodiment, it is recommended that the particular index code being sought occur—

Line 17, delete "Second, 1202,"

Lines 18–27, delete in their entirety.

Page 66

Line 1, delete "considered in the criteria of an episode of care."

Line 1, change "Fourth, 1204," to ~~Third, 1202~~,—.

Lines 2–3, delete "once the data history has been searched for qualifying circumstances,"

Line 4, change "three inter-relational Index Tables" to ~~inter relational qualifying tables~~—.

Line 5, delete "qualifying".

Line 8, change "with" to ~~or~~.

Lines 9–11, delete in their entirety.

Between lines 11 and 12, insert the following paragraph:

B11
—Fourth, the patient records are compared against the inter relational qualifying tables to ensure compliance with all patient-level qualifying rules. Patient records that fail to qualify are no longer considered for EOC evaluation for this Index Code, however, they may still qualify for other Index Code analysis. Fifth, all relevant line items for every remaining patient record are checked

B11 cont. against the temporary file created in step one for complicating diagnosis codes. Any patient record thus identified with a complicating diagnosis code is removed from further EOC processing.—

Lines 12–23, delete in their ~~entirety~~.

Line 26, delete "a diagnosis to establish".

Page 67

Line 1, after "of the invention." insert the following paragraph:

B12
—A clear window time period is selected for the specific Index Code from the window table 1206. Next, 1207 proceeding chronologically, each record is compared with the record immediately preceding it. The first record read defines the beginning event of an initial episode of care and the last record read defines the terminating event of a final episode of care. If the two records being compared are separated by a time period equal to, or greater than, the clear window the earlier record is identified as the terminating event of the earlier episode and the later record is identified as the beginning event of the next episode. Accordingly, the initial episode of care and the final episode may be the same episode of care. It is also possible, for the first record and the last record to be the same record. This iterative process is continued for all remaining records for all patient claims. In this fashion potential EOCs are identified within the patient claims.—

Line 1, delete "Based on the ~~staging~~".

Lines 2–27, delete in their ~~entirety~~.

Page 68

Lines 1–2, delete in their ~~entirety~~.

Line 4, change "The patient record" to —Each potential episode—.

Line 5, change "at least two" to —the required number of—.

Line 5, after "service" insert —within the EOC 1208—.

B13 [Line 6 change "appears on only one date" to] —does not appear the required number of times—.

Line 6, change "record is rejected" to —potential EOC is ~~pended~~—.

Line 7, change "record" to —potential EOC—.

Line 9, change "an" to —a ~~potential~~—.

Line 11, delete "the patient record will be rejected and".

Lines 12–14, change "would then resume with a new patient record and data sort by index code" to —continues for all patient records—.

B14 Lines 15–16, change "the information can be sorted by" to —a profile is assigned to the EOC based upon—.